

## PART B - FEE(S) TRANSMITTAL

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44257 7590 09/26/2007

PATTERSON & SHERIDAN, LLP  
3040 POST OAK BOULEVARD, SUITE 1500  
HOUSTON, TX 77056

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Barbara Holt	(Depositor's name)
<i>Barbara Holt</i>	
December 9, 2007	
(Signature)	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/92,069	03/03/2004	Wei-Yung Hsu	AMAT/5614.D1/CMP/CMP/RKK	4228

TITLE OF INVENTION: INTEGRATED MULTI-STEP GAP FILL AND ALL FEATURE PLANARIZATION FOR CONDUCTIVE MATERIALS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/26/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
LEADER, WILLIAM T	1753	205-080000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Townsend and Townsend  
 and Crew  
 2  
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
APPLIED MATERIALS, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)  
SANTA CLARA, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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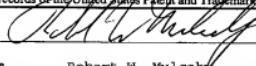
A check is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1074 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature   
 Typed or printed name Robert W. Mulcahy

Date 12-05-07  
 Registration No. 25,436

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